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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No.		706737US1		
		First Inventor or Application Identifier		Morse N Taxon		
		Title	Even-Firing, Fully Balanced, V-Twin Engine			
		Express Mail Label No.		EV026309735US as deposited on:		1/15/04
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450				
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)				22264 U.S. PTO 10/758549 011504
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>17</u>] (preferred arrangement set forth below) -Descriptive title of the Invention -Cross References to Related Applications -Statement Regarding Fed Sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claims(s) -Abstract of the Disclosure		6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies				
2A. <input type="checkbox"/> Preliminary Amendment: Please insert the following sentence prior to the first line of the specification of the application: This application claims the benefit of U.S. Provisional Application Serial No. _____, filed _____.		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>]		8. <input type="checkbox"/> 37 C.F.R. § 3.37(b) Statement _____ Power of (when there is an assignee) Attorney				
4. Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) Named in the prior application, see 37 C.F.R. § 1.63(d)(2) and 1.33 (b).		9. <input type="checkbox"/> English Translation Document (if applicable)				
*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		10. <input type="checkbox"/> Information Disclosure _____ Copies of IDS Statement (IDS)/PTO-1449 Citations				
16. If a CONTINUING APPLICATION , Check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ FOR CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		11. <input type="checkbox"/> Preliminary Amendment				
17. CORRESPONDENCE ADDRESS		12. <input checked="" type="checkbox"/> Return Receipt Postcard MPEP 503)				
<input type="checkbox"/> Customer Number or Bar Code Label 24938		13. <input type="checkbox"/> Statement (s) _____ Statement filed in prior (PTO/SB/09-12) application, Status still proper and desired				
(Insert Customer No. or Attach bar code label here)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)				
Name		15. <input type="checkbox"/> Other:				
Ralph E Smith						
DaimlerChrysler Intellectual Capital Corporation						
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CIMS 483-02-19						
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Name (Print or Type)	Ralph E Smith	Registration No.	35,474
Signature		Date	1/15/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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FEE TRANSMITTAL

For FY 2001

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 806

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Morse N Taxon
Examiner Name	
Group / Art Unit	
Attorney Docket No.	706737US1

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 03-1800
Deposit Account Name DaimlerChrysler Intellectual Capital Corporation

- ☒ Charge Any Additional Fee Required Under
37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					770

2. EXTRA CLAIM FEES

Total Claims	Extra Claim	Fee from below	Fee Paid
22	-20** = 2	18	36
Independent Claims	3 - 3** = 0	0	0
Multiple Dependent		0	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$) 36				

FEE CALCULATION (continued)
3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for examination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Discl. Stmt.	
581	40	581	40	Recording of each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (34 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
* Reduced by Basic Filing Fee Paid SUBTOTAL (3)					(\$) 0

SUBMITTED BY

Typed or Printed Name Ralph E Smith

Signature Ralph E Smith

Date 1/15/04

Complete (if applicable)

Reg. Number 35,474

Deposit Account User ID